

Date

ROUTING AND TRANSMITTAL SLIP

3 Mar 87

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials Date

1. Director of Information Technology

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	<input checked="" type="checkbox"/> For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

#1 - For your information and any action
you deem appropriate.

TRANSMITTAL SLIP		DATE
TO: DDA/		3 March 87
ROOM NO.	BUILDING	
7D18	HQS	
REMARKS:		
<p>Jim - Over to you for whatever action you deem appropriate. Thanks.</p>		
FROM: DCI/PAO		
ROOM NO.	BUILDING	EXTENSION
1016	Area	

FORM NO.
1 FEB 56 241REPLACES FORM 36-8
WHICH MAY BE USED.DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

EXA/DDA

Phone No.

5041-102

U.S. GPO: 1986-491-247/40012

OPTIONAL FORM 41 (Rev. 7-76)
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